

REQUEST FOR EMERGENCY INCAPACITATED ABSENTEE BALLOT

Voter's Name _____ (please print)

Voter's Date of Birth _____

Voter's Residence Address _____

I am a registered voter with a physical incapacity that originated after 5:00 p.m. on Tuesday preceding this election, and I am unable to vote at my regular polling place. I hereby designate the person named below as my agent for purposes of absentee voting.

Election _____ Election date _____

Voter's Signature _____ Date _____

Witness _____ Witness _____
(Witnesses required only if voter is unable to sign this form.)

Agent's Name _____ (please print)

Agent's Signature _____

SWORN STATEMENT BY PHYSICIAN

I swear that the above named person is unable to vote in person at his precinct on the day of the election because of a physical incapacity and that said physical incapacity originated after 5:00 p.m. on Tuesday preceding this election.

Signature of Physician _____ Date _____

FOR ELECTION BOARD USE ONLY

Date Received _____ Voter ID # _____

Precinct _____ Congressional District _____

Senate District _____ Representative District _____

County Commissioner District _____ School District _____

City/Town _____ Ward _____

Political Affiliation _____ Status _____